

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	6	8-16-94
EXAMINER	287	8/5
TYPIST	357	12-30-94
VERIFIER	VW00	12-5-94
CORPS CORR.		
SPEC. HAND	401	10-25-94
FILE MAINT.	U52	8-16-94
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	Original
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#### SYMBOLS

✓ ..... Rejected  
= ..... Allowed  
(Through numerals) ..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	Original
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64	64
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98	98
99	99
100	100

(LEFT INSIDE)